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		,		OFFICE OF	REGULATORY STAFF
AUTHORI	ZED UTILI	TY REPRES	SENTATIV	E FORM FE	TB 2 3 2011
TYPE:	[] Water	[] Sewer	[★] Both		

TYPE: [] Water **CERTIFICATED COMPANY INFORMATION** Dba/fka Mailing Address City, State, Zip Code City, State, Zip Code County REGISTERED AGENT INFORMATION Registered Agent:__ Mailing Address: 10 City, State, Zip Code: Telephone # 1/3-159-0328 (FID-51-0006522)
Pursuant to the Commission's rules and regulations, print or type company contact for the following: Α. Telephone Number / Facsimile Number Customer Relations/Complaints Representative: В. Telephone Number / Facsimile Number / E-mail Address C. Engineering Operations: Telephone Number / Facsimile Number / E-mail Address

Page 1 of 2

D.	Meter Test and Repairs: Robert Kirbin, District Supervisor
	864-647-9314 1864-647-6999 1 tesitojuvoce @ belkouth.net
	Telephone Number / Facsimile Number / E-mail Address
E.	Emergencies: Robert Kirby, District Supervisor
	Emergencies: SOLVI SIVDIS, VISURE DUJERVISOV (During Non-Office Hours), SHI-1611-9514 1961-6919 1 184-80xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	Telephone Number / Facsimile Number / E-mail Address
	ition, please provide the following company contact information to assist in proper routing of
corres	pondence:
A.	Financial: <u>Mayne Ovens. CFO</u>
	800-372-9712x 3061 225-766-6701 (WOWENSONES) - USA. COM
	Telephone Number / Facsimile Number / E-mail Address
В. (Customer Contact (Toll Free Number): <u>/- 800 - 628 - 9865</u>
	Patsy G. Land Patry Y. Land
	This form was completed by (print name)
	CSR/ Operations 2/22/11
	/ Title Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC **Docketing Department**Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201